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AUSTIN, TEXAS 78731**RECEIVED  
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<b>Date:</b> April 18, 2005	<b>Pages:</b> 21 (including this sheet)
<b>From:</b> Kimberley Elcess	<b>Senders Phone No.:</b> (512) 338-6300 <b>Senders Fax No.:</b> (512) 338-6301

***REGARDING:***

<b>Title:</b>	HIGH DENSITY INFORMATION PRESENTATION USING SPACE-CONSTRAINED DISPLAY DEVICE		
<b>Application No.:</b> 09/838,951	<b>Filed:</b>	April 20, 2001	
<b>Examiner:</b> Sonny Trinh	<b>Group Art Unit:</b>	2687	
<b>Atty. Docket No.:</b> 027-0004	<b>Confirmation No.:</b>	1707	

**ATTACHED HERETO:**


- (1) Response to Non-final Office Action (16 pages);
- (2) Request for One Month Extension of Time (2 pages); and,
- (3) Transmittal Letter (2 pages).

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that, on the date shown below, this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office.

  
Kimberley Elcess18 Apr -2005  
Date

Respectfully submitted,

Kimberley Elcess, Reg. No. 36,128  
Agent for Applicant(s)  
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April 18, 2005

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Applicant: Liang-Yu Chi  
 Title: HIGH DENSITY INFORMATION PRESENTATION USING SPACE-  
 CONSTRAINED DISPLAY DEVICE  
 Application No.: 09/838,951 Filed: April 20, 2001  
 Examiner: Sonny Trinh Group Art Unit: 2687  
 Atty. Docket No.: 027-0004 Conf. No.: 1707

Dear Sir:

Transmitted herewith are the following documents in the above-identified application:

- ☒ Response to Non-Final Office Action (16 page(s))
- ☒ Petition for Extension of Time (1 month) (2 page(s))
- ☐ Information Disclosure Statement (      page(s)), including PTO/SB0/8A and/or  
PTO/SB/08B (      page(s)), and copies of      reference(s)
- ☐ Other: (      page(s))
- ☐ Other: (      page(s))
- ☐ Other: (      page(s))
- ☒ Transmittal Letter (2 pages);
- ☒ Return postcard;

The Total Fee has been calculated as shown below:

	Pending Claims	Claims Previously Paid	Extra Claims	Fees
Total Claims	40	- 40 =	0 x \$50.00 =	0.00
Independent Claims	7	- 7 =	0 x \$200.00 =	0.00
Multiple Dependent Claims (if any) - \$360.00 fee				
Additional Claims Fee				\$ .00
Fee For Extension Of Time				\$120.00
Other Fees: (      )				
<b>TOTAL FEE DUE:</b>				<b>\$ 120.00</b>

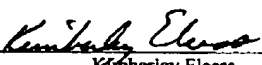
- ☐ Small entity status is entitled to be asserted for the application.
- ☐ A check is enclosed for the Total Fee shown above.
- ☒ Please charge the Total Fee shown above to Deposit Account 50-0631.
- ☒ The Commissioner is hereby authorized to charge any deficiency in fees and any additional fees under 37 C.F.R. § 1.16 or 1.17, that may be required during the pendency of this application, and to similarly credit any overpayment, to Deposit Account 50-0631.

PTO Transmittal Letter.doc

Client Reference No.: T00069

ZAGORIN O'BRIEN GRAHAM LLP

April 18, 2005  
RE: 09/838,951  
Page 2 of 2

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 Kimberley Elcess	<u>18 Apr 2005</u> Date

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Respectfully submitted,



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